

## Confidential Application

1210 Northbrook Drive, Suite 310, Trevose, PA  
19053

Please fax to (866) 449 - 0974



[www.ritasice.com](http://www.ritasice.com)

SECTION A - APPLICANT			SECTION B - CO-APPLICANT (SPOUSE)		
First Name	Initial	Last Name (Jr/Sr)	First Name	Initial	Last Name (Jr/Sr)
Social Security No.			Social Security No.		
Current Street Address	Apt. No	Years at Address	Current Street Address	Apt. No	Years at Address
City	State	Zip	City	State	Zip
Previous Street Address	Apt. No	Years at Address	Previous Street Address	Apt. No	Years at Address
City	State	Zip	City	State	Zip
Date of Birth	Home Phone		Date of Birth	Home Phone	
Email	Cell Phone		Email	Cell Phone	
Current Occupation			Current Occupation		
Sources of Income					
Salary			Salary		
Bonus			Bonus		
Investment/Interest Income			Investment/Interest Income		
Real Estate Income			Real Estate Income		
Other			Other		
Total			Total		
Additional Information					
Are you a US Citizen? Yes No			Are you a US Citizen? Yes No		
If not what is your current status?			If not what is your current status?		
Have you ever been convicted of a Felony? Yes No			Have you ever been convicted of a Felony? Yes No		
(If yes, please explain on a separate attachment)			(If yes, please explain on a separate attachment)		
Have you ever filed for bankruptcy? Yes No			Have you ever filed for bankruptcy? Yes No		
If yes, Date Discharged:			If yes, Date Discharged:		
Are you planning on leaving your current position? Yes No			Are you planning on leaving your current position? Yes No		
Do you have any Legal Judgments against you? Yes No			Do you have any Legal Judgments against you? Yes No		



Will you have a Partner:      YES                      NO      If so, please have each partner fill out a separate Confidential Application.  
 Name of Partner(s):

Area/Location Preference: 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

Amount of Cash Available for Investment:

If you have retirement funds available, would you like more information on how to use these funds penalty-free and tax-free to fund the franchise?

**Yes** ☐ **No**

ASSETS		LIABILITIES	
*Cash on Hand and In Banks		Mortgages	
*Marketable Securities		Accounts Payable	
Retirement Plans		Notes Payable	
Accounts & Notes Receivable		Loans on Life Insurance	
Real Estate		Credit Cards (Total Balance)	
Personal Property		Unpaid Taxes	
Business Holdings			
Other		Other	
Total Assets		Total Liabilities	

**NET WORTH**

I/we represent and warrant that all of the statements made by me/us in this application are true and correct. I/we understand that if I/we make a false statement, such action will terminate my/our application for consideration. I/we understand that by signing this application, I/we authorize Rita's Water Ice Franchise Company, LLC to check my/our credit report, criminal history, and/or arrest records with a credit bureau. I/we agree that this application shall be and remain the property of Rita's Water Ice Franchise Company, LLC whether or not this application is approved. I/we understand that this application does not obligate either party in any manner.

Applicant's Signature	Date	Co-Applicant/Spouse's Signature	Date
Print Name		Print Name	

Your application must include the following items before it can be processed:

\*Current financial verifications of all listed liquid assets (Bank, Brokerage House), most recent pay period pay stubs, and Resume for each Applicant



**Reliable®**  
BACKGROUND SCREENING

**P.O. Box 12743, Scottsdale, AZ 85267**

## General Consent Form

### Personal Information:

I, \_\_\_\_\_ have  
Applicant Last Name, First Name, Middle Name, Maiden Name  
made an application with \_\_\_\_\_  
Company/Organization  
for the purpose of applying to become a franchisee/business owner.

Current Address City State Zip Code

Previous Address City State Zip Code

Date of Birth Sex Social Security Number Driver's License State

### Release:

I authorize Reliable Background Screening to perform a **nationwide investigation** of my criminal history, employment and income history, residence history, bank and credit history, and other information as needed for the purpose of franchisee/business owner screening. The source of the information may come from, but is not limited to: credit bureaus, banks and other financial institutions; current and former employers; current and former landlords; federal, state, county and municipal public records, i.e., criminal, civil, motor vehicle, and other public records; or other sources as required. It is understood that a photocopy or facsimile copy of this form, or an electronic request by the Company / Organization listed above will serve as authorization. By signing below, I authorize the release of all information to the Company/Organization listed above, and shall hold Reliable Background Screening harmless from any liability or damages for furnishing such information to this Company/Organization.

**Signed:** \_\_\_\_\_  
Complete Legal Signature

**Date:** \_\_\_\_\_



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Complete Legal Signature

**Date:** \_\_\_\_\_